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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Application Number <b>09/669,187</b>		Filing Date <b>25 September, 2000</b>		<input type="checkbox"/> To be Mailed			
						Applicant(s) <b>KRIEG ET AL.</b>						Page 1 of 2	
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 02/12/2007		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

Part of Paper No20070212-1.

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				Applicant(s) <b>KRIEG ET AL.</b>				Page 2 of 2					
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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
101							151						
102							152						
103							153						
104							154						
105							155						
106							156						
107							157						
108							158						
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110							160						
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115							165						
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118							168						
119							169						
120							170						
121			1				171						
122				1			172						
123				1			173						
124				1			174						
125				2			175						
126				2			176						
127				2			177						
128				2			178						
129				2			179						
130				1			180						
131				1			181						
132				1			182						
133				1			183						
134				1			184						
135				1			185						
136				1			186						
137				1			187						
138				1			188						
139			1				189						
140			1				190						
141			1				191						
142			1				192						
143							193						
144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
Total Indep			5				Total Indep						
Total Depend				22			Total Depend						
Total Claims			27				Total Claims						

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